

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Davis, Lawrence G.
Nikolaus, Carol J.

Title: HERMETICALLY SEALED
COSMETIC COMPACT
CASE

Patent No.: 5,842,486

Issue Date: 12/01/1998

Serial No.: 09/469,494

Examiner: Paul J. Hirsch

Art Unit: 3732

Attorney Docket: 76565-115

Box REISSUE
Commissioner for Patents
Washington, D.C. 20231



CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below. <u>Deborah Kocorowski</u> (Printed Name) <u>Deborah Kocorowski</u> (Signature) <u>February 27, 2001</u> (Date of Deposit)

AMENDMENT TRANSMITTAL

Transmitted herewith is a Reply and Amendment for the above-identified application.

- ☒ Reply and Amendment;
- ☒ Reissue Application Supplemental Declaration and Executed Declaration and Power of Attorney (5 pgs.);
- ☒ Supplemental Information Disclosure Statement (1 pg.);
- ☒ Form PTO-1449 (2 pgs.) and references (30);

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☒ The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	32	—	38	=	12	x	\$18.00	=	\$0.00
Independents:	3	—	5	=	0	x	\$80.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$270.00	=	\$0.00
CLAIMS FEE TOTAL:								=	\$216.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[]	Extension for response filed within the first month:	\$110.00	\$0.00
[]	Extension for response filed within the second month:	\$390.00	\$0.00
[]	Extension for response filed within the third month:	\$890.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$0.00
[]	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$0.00

☐ Please charge Deposit Account No. 06-1447 in the amount of \$216.00 . A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$216.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2-27-2001

By Christopher Turoski

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